

9550

PRINTER RUSH
(PTO ASSISTANCE)

Application : <u>09/975,839</u>	Examiner : <u>Felten</u>	GAU : <u>3624</u>	
From : <u>MR</u>	Location : <u>IDC</u> FMF FDC	Date : <u>03-21-05</u>	
Tracking # : <u>06074964</u>		Week Date : <u>02-07-05</u>	

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input type="checkbox"/> CLM	_____	<input type="checkbox"/> Document Legibility
<input checked="" type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

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[RUSH] MESSAGE: Please provide a clearer listing of
claims on index of claims. Some numbers on the
final column of the index of claims are not
clear.

O.K. JF

[XRUSH] RESPONSE: _____

W. J. J. U

INITIALS:

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04

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